

Give birth, a SEPARATE RETURN must be made for each, etc. in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of _____
Town of _____
or
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166
County Registrar No. _____
Local Registrar No. 2

No. 501 S 3rd
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Charles Oliver Clark
3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth 1 16 27 Month day year
If child is not yet named, make supplemental report, as directed.

8. FATHER
Full name Charles M. Clark
3. Residence (Usual place of abode) Globe
If nonresident, give place and state _____
10. Color or race White
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Globe, Arizona
(State or country)
13. Occupation Mechanic
Nature of industry _____

14. MOTHER
Full maiden name Viola Beckstead
15. Residence (Usual place of abode) Globe
If nonresident, give place and state _____
16. Color or race White
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Winslow, Ariz
(State or country)
19. Occupation House wife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 P.M. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____

Signature L. E. Wightman
(Physician or midwife)
Address Globe, Arizona
Local Registrar. H. J. Norst

Filed 1-21 1927
County Registrar. _____

332-116-524